

YOUR LOGO
HERE

***Insert Site Name* Emergency Plan Summary**

Insert site address

Facility Emergency Contacts: (List 2 contacts per shift)

Name:	Cell Telephone No.	Home Telephone No.	Home Address

Does an explosion risk exist at the facility? Yes _____ No _____

Could the facility release a respiratory hazard that could threaten site workers, emergency responders or neighbors? Yes _____ No _____

Is it okay to shut the power off during an event? Yes _____ No _____

Is it okay to shut the water off during an event? Yes _____ No _____

Is it okay to shut the gas off during an event? Yes _____ No _____

Can a run-away reaction/process occur? Yes _____ No _____

Describe issues/concerns for any yes answer: _____

Describe special hazards identified above: _____

Insert site name
Emergency Plan Summary
Insert revision/completion date

ESIS®

***Insert Site Name* Emergency Plan Summary**

Describe the three worst case scenarios that could occur involving hazardous materials stored on site:

Scenario	Negative Outcome	Location

Planning Inventory: **List materials reported on Tier II.**
List other high hazard materials as needed.

Chemicals of Concern	Insert Chemical Name & CAS No.	Insert Chemical Name & CAS No.	Insert Chemical Name & CAS No.
Chemical Hazard(s) (e.g. flammable, corrosive)			
Maximum volume stored on site			
How is it stored (e.g. drum, AST)			
Where is it stored (e.g. room number)			
Containment/Safety Precautions Provided (e.g. on containment pallet)			
Is the material found in process tanks or piping?			

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Attach chemical screening form for each substance listed in planning inventory.

Attach site sketch which indicates the following:

1. Location of all utility shut offs.
2. All hazardous materials and waste storage areas.
3. All chemically intensive process areas.
4. Indicate location of chemical storage or process tanks.
5. High hazard areas: potential for engulfment; electrical hazards; magnetic fields; poisonous gases; limited egress; open pits or shafts; radioactive materials; infectious materials or explosives or confined spaces.
6. Insert key that identifies and defines information provided.

List process control and corresponding room number in table:

Process Control*	Room Number/Location
Circuit Breakers	
Gas Shut Off	
Water Shut Off	
Main Hazardous Waste Storage Area	
Fire Alarm Control Panel	
Gas Alarms	
Other	

*** Insert or attach photographs of controls and hazards if that will assist response activities. Process shut down procedures should also be included for activities that require a precise step by step procedure to achieve a controlled shut down.**

Attach a locus map that outlines at least a ¼ mile radius extending from the site. Identify the following types of sensitive receptors located within this planning radius: schools; hospitals; jails; daycares; nursing homes; water & wastewater treatment facilities; municipal buildings and major highways.

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Contact Information for Sensitive Receptors Located with Planning Radius:

Facility Name	Facility Address	24-Hour Emergency Contact Info

Name & Contact Info for spill response firm contracted to support the facility in the event of a release: _____

Are spill response supplies maintained on site? Yes _____ No _____

If so, where are these materials stored? _____

Describe number and type of materials stored on site: _____

Summary Completed by: _____

Title: _____ **Date:** _____

Each site should review their pre-plan with site staff on an annual basis and update as needed. Each site should review the plan annually with the local Fire Department.